



LIVINGSTON COUNTY SHERIFF'S OFFICE

VIRTUAL NEIGHBORHOOD WATCH INFORMATION

Contact Information *(print clearly)*

Name: _____
(Last) (First) (Middle)

Business Name (if applicable): _____

Address (mailing): _____
(Number, Street) (City) (State) (Zip)

Email: _____ Phone: _____

Mobile: _____ Fax: _____

Secondary Contact Information *(if applicable)*

By completing this portion you are giving permission for this individual to release camera data on your behalf.

Name: _____
(Last) (First) (Middle)

Address (mailing): _____
(Number, Street) (City) (State) (Zip)

Phone: _____ Mobile: _____

Location of Camera System

Street: _____
(Number, Street)

Town or Village of _____

Certification

I certify that I am the current owner of the residence/business located at the above location and that I give consent for the Livingston County Sheriff's Office to register my information and camera system at the location(s) I have provided and be placed in the Virtual Neighborhood Watch Database. I further certify that I hereby give consent to the Livingston County Sheriff's Office to contact me, or my secondary contact, in the course an investigation. In the event I wish to remove my information from the database I must notify the Livingston Sheriff's Office in writing.

Signature

Date

Return to: **Virtual Neighborhood Watch**
Livingston County Sheriff's Office
4 Court St
Geneseo, NY 14454